APPLICATION REQUEST FOR MILITARY DISCHARGE

Gerard F. Bolduc Brigadier General Acting Commissioner (207) 430-6000



Adria O. Horn Director (207) 430-6035

Bureau of Maine Veterans' Services 117 State House Station Augusta, Maine 04333-0117

Date of Birth: Date of Death:	Veteran's Name		SS#		
Date of Birth: Date of Death: (Provide proof: Le.: oblituary or death certificate Requester Info: Name: Tel: Address: City/Town: State: Zip Code: Date: Relationship to veteran: Le.: (Self. spouse, parent, child, etc.) PLEASE CHECK APPROPRIATE BOX(S) AS TO REASON				· · · · · · · · · · · · · · · · · · ·	
Name:	Date of Birth:				
City/Town: State: Zip Code:	Requester Info:				
City/Town: State: Zip Code:	ame:		Tel:		
PLEASE CHECK APPROPRIATE BOX(S) AS TO REASON DD214 IS BEING REQUESTED. Burial Benefits VA Home Loan Job Application Military Reenlistment VA Medical VA Other Property Tax Motor Vehicles VA Disability Social Security Joining Veterans Organization Check appropriate method and complete required information below for release then submit request to the closest office of Maine Veterans Services as shown on the back of this form: Please fax to: (individual or organization) (Address) (City/Town) (State) (Zip Code) **NOTE: If requester is other than the veteran and the veteran is still living, the requester must pro	ddress:	City/Town:	State:	Zip Code:	
PLEASE CHECK APPROPRIATE BOX(S) AS TO REASON DD214 IS BEING REQUESTED. Burial Benefits VA Home Loan Job Application Military Reenlistment VA Medical VA Other Property Tax Other (Please Specify): Check appropriate method and complete required information below for release then submit request to the closest office of Maine Veterans Services as shown on the back of this form: Please fax to: (individual or organization) (fax number) Please mail to: (individual or organization) (Address) (City/Town) (State) (Zip Code)	gnature:		Dat	te:	
Burial Benefits	elationship to veteran: _		i.e.: (Self, spouse, parent, child, etc	2.)	
VA Medical VA Other Property Tax Other (Please Specify): Check appropriate method and complete required information below for release then submit request to the closest office of Maine Veterans Services as shown on the back of this form: Please fax to: (individual or organization) (fax number) Please mail to: (individual or organization) (Address) (City/Town) (State) (Zip Code) **NOTE: If requester is other than the veteran and the veteran is still living, the requester must produced in the state of the closest office of Maine Veterans Services as shown on the back of this form: (Individual or organization) (State) (State) (Zip Code)	PLEA			REASON	
VA Disability Social Security Joining Veterans Organization Other (Please Specify): Check appropriate method and complete required information below for release then submit request to the closest office of Maine Veterans Services as shown on the back of this form: Please fax to: (individual or organization) Please mail to: (individual or organization) (Address) (City/Town) (State) (Zip Code) **NOTE: If requester is other than the veteran and the veteran is still living, the requester must prove	Burial Benefits	VA Home Loan	Job Application	Military Reenlistment	
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Please fax to:	_	losest office of Main	e veterans services	as shown on the back of	
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**NOTE: If requester is other than the veteran and the veteran is still living, the requester <u>must</u> pro	(Address)	(City	v/Town)	(State) (Zip Code)	
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			and the veteran is still li	ving, the requester <u>must</u> provid	
a copy of the <u>POA</u> or <u>Guardianship</u> paper.	a copy of the <u>POA</u> or <u>Guar</u>	<u>atansnip</u> paper.			
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Certified Copy Copy Copy

No Record

BUREAU OF MAINE VETERANS SERVICES MAILING ADDRESSES, TELEPHONE AND FAX NUMBERS FOR OBTAINING A COPY OF MILITARY DISCHARGE ON FILE WITH THE BUREAU.

Maine Veterans' Services	Maine Veterans' Services	Maine Veterans' Services
35 State Hospital Drive	34 Lombard Road	35 Westminster Street
Bangor, ME 04401	Caribou, ME 04736	Lewiston, ME 04240
Tel: 207-941-3005	Tel: 207-492-1173	Tel: 207-783-5306
Fax: 207-941-3012	Fax: 207-492-1175	Fax: 207-783-5307
Maine Veterans' Services	Maine Veterans' Services	Maine Veterans' Services
7 Court St, Suite 2	151 Jetport Blvd., Rm 138W	628 Main Street
Machias, ME 04654	Portland, ME 04103	Springvale, ME 04083
Tel: 207-255-3306	Tel: 207-822-2391	Tel: 207-324-1839
Fax: 207-255-4815	Fax: 207-822-2393	Fax: 207-324-2763
Maine Veterans' Services	Togus Claims Office	
National Guard Armory	Veterans' Administration Center	
Drummond Ave.	VAM&ROC, Building 248,	
Waterville, ME 04901	Room 110	
Tel: 207-872-7846	Togus, ME 04330	
Fax: 207-872-7858	Tel: 207-623-5732	
	Fax: 207-287-8449	